

Department of Health & Human Services
Centers for Medicare & Medicaid Services
61 Forsyth St., Suite 4T20
Atlanta, Georgia 30303-8909



May 12, 2011

Mr. Neville Wise, Acting Commissioner
Cabinet for Health and Family Services
Department for Medicaid Services
275 E. Main Street, 6W-A
Frankfort, KY 40621

Re: Kentucky Title XIX State Plan Amendment, Transmittal #11-003

Dear Mr. Wise:

We have reviewed Kentucky State Plan Amendment (SPA) 11-003, which was submitted to the Atlanta Regional Office on February 11, 2011. This amendment was submitted to move the optional coverage of Optometrist from Other Licensed practitioners to the mandatory coverage of Physicians services.

Based on the information provided, we are now ready to approve Kentucky SPA 11-003 as of May 12, 2011. The effective date is January 1, 2011. The signed CMS-179 and the approved plan pages are enclosed. If you have any questions regarding this amendment, please contact Maria Drake at (404) 562-3697.

Sincerely,

A handwritten signature in black ink that reads 'Jackie Glaze'. The signature is written in a cursive, flowing style.

Jackie Glaze
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:
11-003

2. STATE
Kentucky

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE
01/01/2011

5. TYPE OF PLAN MATERIAL (*Check One*):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION:
42 CFR 441.30

7. FEDERAL BUDGET IMPACT:
a. FFY 2011 - Budget Neutral
b. FFY 2012 - Budget Neutral

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Page 27
Att 3.1-A, Page 3
Att. 3.1-A, Page 7.2.1
Att. 3.1-B, Page 21

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*):

Same
Same
Same
Same

10. SUBJECT OF AMENDMENT

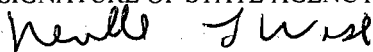
This State Plan Amendment (SPA) is basically some clean up language needed regarding the coverage of optometrist. However, this SPA will not change coverage and/or benefits currently being paid to optometrist, therefore will be budget neutral.

11. GOVERNOR'S REVIEW (*Check One*):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED: Review delegated
to Commissioner, Department for Medicaid
Services

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME: Neville Wise

14. TITLE: Acting Commissioner, Department for Medicaid Services

15. DATE SUBMITTED: February 11, 2011

16. RETURN TO:

Department for Medicaid Services
275 East Main Street 6W-A
Frankfort, Kentucky 40621

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

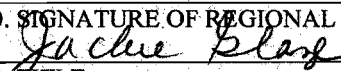
18. DATE APPROVED:

5/12/11

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME: 01/01/11

22. TITLE: Associate Regional Administrator

Jackie Glaze

Division of Medicaid & Children's Health Opns

23. REMARKS:

Approved with following changes as authorized by State Agency on email dated 4/25/11:

Block # 8 Changed to read: Atch 3.1-A, page 7.5.3, Atch 3.1-B Page 3, Atch 3.1-B page 23, Atch 3.1-B page 31.2 and 3.1-A, page 7.2.1(b)

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND
REMEDIAL CARE AND SERVICES PROVIDED TO THE
CATEGORICALLY NEEDY**Commonwealth Global Choices**

b. Optometrists' services.

☐ Provided: ☐ No limitations ☐ With limitations* ☒ Not Provided.

c. Chiropractors' services.

☒ Provided: ☐ No limitations ☒ With limitations* ☐ Not provided.

d. Other Practitioners' Services

☒ Provided: ☐ No limitations ☒ With limitations* ☐ Not provided.

7. Home Health Services

a. Intermittent or part-time nursing services provided by a home health agency or by a registered nurse when no home health agency exists in area.

☒ Provided: ☐ No limitations ☒ With Limitations* ☐ Not provided.

b. Home health aide services provided by a home health agency.

☒ Provided: ☐ No limitations ☒ With limitations* ☐ Not provided.

c. Medical supplies suitable for use in the home.

☒ Provided: ☐ No limitations ☒ With limitations* ☐ Not provided.

*Description provided on attachment

Commonwealth Global Choices

(6) Medical care and Any Other Type of Remedial Care

B. Optometry services are only provided to recipients under age twenty-one (21).

C Chiropractic services are provided with the following limitations:

- (1) Fifteen (15) chiropractic visits per year for recipients age 21 and older.
- (2) Seven (7) chiropractic visits per year for recipients under 21 years of age.
- (3) If medical necessity is established, these limitations do not apply to EPSDT eligible children in accordance with 1905(r)(5) of the Social Security Act.

5. Physicians' Services

All physician services that an optometrist is legally authorized to perform are included in physicians' services under this plan and are reimbursed whether furnished by a physician or an optometrist.

- A. Coverage for certain initial visits is limited to one visit per patient per physician per three (3) year period. This limitation applies to the following procedures:

New patient evaluation and management office or other outpatient services as identified by codes in the most current edition of the Physicians' Current Procedural Terminology.

New patient evaluation and management home or custodial care services as identified by codes in the most current edition of the Physicians' Current Procedural Terminology.

New patient evaluation and management preventive medicine services as identified by codes in the most current edition of the Physicians' Current Procedural Terminology.

- B. Coverage for an evaluation and management service with a corresponding CPT code of 99214 or 99215 shall be limited to two (2) per recipient per year, per physician. If this limit is exceeded, then DMS will reimburse any such claim as a CPT code 99213 evaluation and management visit.
- C. Outpatient psychiatric service procedures rendered by other than board-eligible and board-certified psychiatrists are limited to four (4) such procedures per patient per physician per twelve (12) month period.
- D. Coverage for laboratory procedures performed in the physician's office is limited to those procedures for which the physician's office is CLIA certified with the exception of urinalysis performed by dipstick or reagent tablet only which shall not be payable as a separate service to physician providers. The fee for this, or comparable lab tests performed by reagent strip or tablet, excluding blood glucose, shall be included in the evaluation and management service reimbursement provided on the same date of service for the same provider.

The professional component of laboratory procedures performed by board certified pathologists in a hospital setting or an outpatient surgical clinic are covered so long as the physician has an agreement with the hospital or outpatient surgical clinic for the provision of laboratory procedures.

5. Physicians' Services

All physician services that an optometrist is legally authorized to perform are included in physicians' services under this plan and are reimbursed whether furnished by a physician or an optometrist.

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New patient evaluation and management home or custodial care services as identified by codes in the most current edition of the Physicians' Current Procedural Terminology.

New patient evaluation and management preventive medicine services as identified by codes in the most current edition of the Physicians' Current Procedural Terminology.

- B. Coverage for an evaluation and management service with a corresponding CPT code of 99214 or 99215 shall be limited to two (2) per recipient per year, per physician. If this limit is exceeded, then DMS will reimburse any such claim as a CPT code 99213 evaluation and management visit.
- C. Outpatient psychiatric service procedures rendered by other than board-eligible and board-certified psychiatrists are limited to four (4) such procedures per patient per physician per twelve (12) month period.
- D. Coverage for laboratory procedures performed in the physician's office is limited to those procedures for which the physician's office is CLIA certified with the exception of urinalysis performed by dipstick or reagent tablet only which shall not be payable as a separate service to physician providers. The fee for this, or comparable lab tests performed by reagent strip or tablet, excluding blood glucose, shall be included in the evaluation and management service reimbursement provided on the same date of service for the same provider.

The professional component of laboratory procedures performed by board certified pathologists in a hospital setting or an outpatient surgical clinic are covered so long as the physician has an agreement with the hospital or outpatient surgical clinic for the provision of laboratory procedures.

Commonwealth Global Choices

B. Dentures

Dentures are not covered for adults. Dentures may be covered for children through the Early, Periodic, Screening, Diagnosis and Treatment Program (EPSDT).

C. Prosthetics

Prosthetic devices are covered under durable medical equipment in accordance with Attachment 3.1-A, page 13.

D. Eyeglasses

The following limitations are applicable:

- (1) Eyeglasses are provided only to recipients under age twenty-one (21). Coverage for eyeglasses is limited to no more than \$200 per year per member.
- (2) Contact lenses are not covered.
- (3) Telephone contacts are not covered.
- (4) Safety glasses are covered when medically necessary subject to prior authorization requirements described in material on file in the state agency.
- (5) If medically necessary, prisms shall be added within the cost of the lenses.

If medical necessity is established, these limitations do not apply to EPSDT eligible children in accordance with 1905 (r)(5) of the Social Security Act.

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND
REMEDIAL CARE AND SERVICES PROVIDED TO THE
MEDICALLY NEEDY

Commonwealth Global Choices

6. Medical care and any other type of remedial care recognized under State Law, furnished by licensed practitioners within the scope of their practice as defined by State Law.
- a. Podiatrists services.
- ☒ Provided: ☐ No limitations ☒ With Limitations* ☐ Not provided.
- b. Optometrists' services.
- ☐ Provided: ☐ No limitations ☐ With Limitations* ☒ Not provided.
- c. Chiropractics' services.
- ☒ Provided: ☐ No limitations ☒ With Limitations* ☐ Not provided.
- d. Other Practitioners' Services
- ☒ Provided: ☐ No limitations ☒ With Limitations* ☐ Not provided
7. Home Health Services
- a. Intermittent or part-time nursing services provided by a home health agency or by a registered nurse when no home health agency exists in area.
- ☒ Provided: ☐ No limitations ☒ With Limitations* ☐ Not provided
- b. Home health aide services provided by a home health agency.
- ☒ Provided: ☐ No limitations ☒ With Limitations* ☐ Not provided.
- c. Medical supplies suitable for use in the home.
- ☒ Provided: ☐ No limitations ☒ With Limitations* ☐ Not provided
- d. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility.
- ☒ Provided: ☐ No limitations ☒ With Limitations* ☐ Not provided

*Description provided on attachment.

Commonwealth Global Choices

(6) Medical care and Any Other Type of Remedial Care

(b) Optometry services are only provided to recipients under age twenty-one (21).

(c) Chiropractic services are provided with the following limitations:

- 1) Fifteen (15) chiropractic visits per year for recipients age 21 and older.
- 2) Seven (7) chiropractic visits per year for recipients under 21 years of age.
- 3) If medical necessity is established, these limitations do not apply to EPSDT eligible children in accordance with 1905(r)(5) of the Social Security Act.

Commonwealth Global Choices

b. Dentures

Dentures are not covered for adults. Dentures may be covered for children through the Early, Periodic, Screening, Diagnosis and Treatment Program (EPSDT).

c. Prosthetics

Prosthetic devices are covered under durable medical equipment in accordance with Attachment 3.1-B, page 39.

d. Eyeglasses

The following limitations are applicable:

- 1) Eyeglasses are provided only to recipients under age twenty-one (21). Coverage for eyeglasses is limited to no more than \$200 per year per member.
- 2) Contact lenses are not covered.
- 3) Telephone contacts are not covered.
- 4) Safety glasses are covered when medically necessary subject to prior authorization requirements described in material on file in the state agency.
- 5) If medically necessary, prisms shall be added within the cost of the lenses.

If medical necessity is established, these limitations do not apply to EPSDT eligible children in accordance with 1905 (r)(5) of the Social Security Act.